

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Cardiology Political Action Committee

ADDRESS (number and street) ▼

2400 N St NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20037-1153

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00375360

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
12 01 2013

through

M M M / D D D / Y Y Y Y Y Y
12 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carlton G. Davids

Signature of Treasurer

Carlton G. Davids

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 31 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
12 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		71359.29
(b) Cash on Hand at Beginning of Reporting Period.....	84936.84	
(c) Total Receipts (from Line 19)	41167.99	455020.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	126104.83	526379.34
7. Total Disbursements (from Line 31)	79777.85	480052.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46326.98	46326.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2013

To:

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

36844.20

375222.51

(ii) Unitemized

3523.66

62480.99

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

40367.86

437703.50

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

40367.86

437703.50

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

800.13

17316.55

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

41167.99

455020.05

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

41167.99

455020.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	777.85	17282.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	777.85	17282.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78000.00	459000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1000.00	3770.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	3770.08
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	79777.85	480052.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79777.85	480052.36

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	40367.86	437703.50
34. Total Contribution Refunds (from Line 28(d))	1000.00	3770.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39367.86	433933.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	777.85	17282.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	800.13	17316.55
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-22.28	-34.27

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jesse E. Adams III, M.D.,

Mailing Address 1205 Isleworth Dr
Ste 400

City State Zip Code
Louisville KY 40245-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Cardiologists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y
12 25 2013

Transaction ID : 480696E6635A94B8A508

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. C. Oluremi Adesanya M.D., F.A.

Mailing Address 2160 Hedge Gate Blvd

City State Zip Code
Beavercreek OH 45431-3909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dayton VA Medical CenterDepartment of

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : 39FE8DB8520A8A52E06

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jay H. Alexander M.D., F.A.

Mailing Address 2256 Carlyle Ct

City State Zip Code
Buffalo Grove IL 60089-4695

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Cardiologists, SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 20 2013

Transaction ID : EA3AA3AC7E5CAFD0F2C

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2833.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 57
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brad G. Angeja M.D., F.A.

Mailing Address 865 44th Ave

City	State	Zip Code
San Francisco	CA	94121-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palo Alto Medical Foundation

Occupation

NON-INVASIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

Transaction ID : 4499A0A862C364CD9FC3

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

B. Lawrence C. Antonucci M.D., F.A.

Mailing Address 80 Tempe Wick Rd

City	State	Zip Code
Mendham	NJ	07945-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2013

Transaction ID : CDE69FEF722BB42DA42

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Juan M. Aranda Jr., M.D.,

Mailing Address 356 Turkey Crk

City	State	Zip Code
Alachua	FL	32615-9367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shands at the University of Florida

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	25	/	2013

Transaction ID : 4065A8C8C22F925CF06E

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)..... ►

729.18

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 57
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nizar A. Assi M.D., F.A.

Mailing Address 730 Kraffel Ln

City

Chesterfield

State

MO

Zip Code

63017-8057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gateway Cardiology, PC

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	25	/	2013

Transaction ID : 45B097DC0AAD3913396D

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Christopher L. Baldi D.O., F.A.

Mailing Address 37 Oxford Way

City

Wilmington

State

DE

Zip Code

19807-2578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2013

Transaction ID : 27D467BD-D8F4-40A1-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Michael D. Barron M.D., F.A.

Mailing Address 7535 Rooses Dr

City

Indianapolis

State

IN

Zip Code

46217-5492

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Heart Physicians, Inc

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : EAE8D95946585DDCDD9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

780.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 57
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Abul W. Basher M.B.B.S.,

Mailing Address 14628 Carrigan Ct

City

Granger

State

IN

Zip Code

46530-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer

La Porte Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : A5AC818235C7B440804

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Andrew D. Beamer M.D., F.A.

Mailing Address 42 Oakland Pl

City

Summit

State

NJ

Zip Code

07901-3482

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : 5D806350-F9DB-4420-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Michael N. Boriss D.O., F.A.

Mailing Address 1002 Willets Rd
Ste 108

City

Marmora

State

NJ

Zip Code

08223-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Heart and Lung Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : A12E95F06D62827F9E6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alfred A. Bove M.D., Ph.D

Mailing Address 110 Anton Rd

City

Wynnewood

State

PA

Zip Code

19096-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Temple University Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

12 / 25 / 2013

Transaction ID : 4CEB9D10611547869F22

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Clark A. Boyer M.D.

Mailing Address 1413 Tanglewood Ln

City

Weslaco

State

TX

Zip Code

78596-3407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 20 / 2013

Transaction ID : DF88CEF6B523AFB0B5C

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. David J. Broza M.D., F.A.

Mailing Address 70 Kenyon Ave
Unit 321

City

Wakefield

State

RI

Zip Code

02879-4253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2013

Transaction ID : 1A045BF9B8E29579B94

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. John E. Brush Jr., M.D.,

Mailing Address 844 Kempsville Rd
Ste 204

City State Zip Code
Norfolk VA 23502-3927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants, Ltd.

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2013

Transaction ID : 9D60F09C-166E-443D-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Matthew J. Budoff M.D., F.A.

Mailing Address 1124 W Carson St

City State Zip Code
Torrance CA 90502-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Los Angeles Biomedical Research Instit

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2013

Transaction ID : 39BF78D0-3E42-494C-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Joseph G. Cacchione M.D., F.A.

Mailing Address 5740 Hickory Knoll Ct

City State Zip Code
Fairview PA 16415-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Foundation

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2013

Transaction ID : 4983B826FCF038EF4024

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 57
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey S. Carstens M.D., F.A.

Mailing Address 9728 Brentwood Rd

City State Zip Code
Omaha NE 68114-4925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alegent Heart & Vascular Specialists

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : A9DE9F09EA8DF8CE6D6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peter J. Chaille M.D., F.A.

Mailing Address 427 Chestnut Forest Cv

City State Zip Code
Fort Wayne IN 46814-8926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2013

Transaction ID : 43FF8FDCDF1A313D29E4

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

c. Hollace D. Chastain II, M.D.,

Mailing Address 1819 Braemar Dr

City State Zip Code
Fort Wayne IN 46814-9364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2013

Transaction ID : 455E9E8B46290B199FAF

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1141.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard A. Chazal M.D., F.A.

Mailing Address 671 N Town and River Dr

City

Fort Myers

State

FL

Zip Code

33919-5931

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Heart Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

12 / 07 / 2013

Transaction ID : 4FAEBCD6EDCF504E51E6

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Bernard A. Clark III, M.D.,

Mailing Address 95 Johnny Cake Ln

City

Glastonbury

State

CT

Zip Code

06033-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Francis Hospital and Medical Cente

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

12 / 29 / 2013

Transaction ID : 45F8BA6CD49E5A0E9939

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. John J. Cogan M.D.

Mailing Address 88 Piikoi St

Apt 3707

City

Honolulu

State

HI

Zip Code

96814-4284

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Office Building II

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2013

Transaction ID : 54AF78EEA3A1B848823

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

633.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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PAGE 14 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen L. Cook M.D., F.A.

Mailing Address 3311 Riverbend Dr
Ste 300

City State Zip Code
Springfield OR 97477-8800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Cardiology P.C.

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 13 / 2013

Transaction ID : 8841B6B6-7BA1-4C37-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. George H. Crossley III, M.D.,

Mailing Address 276 Stratton Pl

City State Zip Code
Brentwood TN 37027-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

12 / 25 / 2013

Transaction ID : 49AEA24F3CF53F907E3F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. George D. Dangas M.D., Ph.D

Mailing Address Cardiovascular Institute (Box 1030)

City State Zip Code
New York NY 10029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai Medical Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 04 / 2013

Transaction ID : F26198AE-F825-479B-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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PAGE 15 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy A. Dewhurst M.D., F.A.

Mailing Address 5620 W Mercer Way

City

Mercer Island

State

WA

Zip Code

98040-4841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Group Health Cooperative

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 25 / 2013

Transaction ID : 4F41A32CD2D35B9B65ED

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Arthur Lee Eberly III, M.D.,

Mailing Address PO Box 8795

City

Greenville

State

SC

Zip Code

29604-8795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolina Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2508.00

Date of Receipt

12 / 25 / 2013

Transaction ID : 45F197E6DFD97A641E41

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

C. Blair D. Erb Jr., M.D.,

Mailing Address 905 Highland Blvd
Ste 4330

City

Bozeman

State

MT

Zip Code

59715-6901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Consultants, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2585.08

Date of Receipt

12 / 25 / 2013

Transaction ID : 493C8F2008F361CEA896

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)..... ►

517.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 16 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. David M. Evans M.D., F.A.

Mailing Address 130 Ashlei Ln

City

Searcy

State

AR

Zip Code

72143-3024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heart Clinic Arkansas

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 09 / 2013

Transaction ID : 45FB94F1CDC9E0D27A03

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. James W. Fasules M.D., F.A.

Mailing Address 2718 Stephenson Ln NW

City

Washington

State

DC

Zip Code

20015-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer

American College of Cardiology

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

12 / 25 / 2013

Transaction ID : 4744B96C28B7C883D3DE

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

c. Habteab B. Feseha M.D., F.A.

Mailing Address 2281 W 24th St
Ste 3

City

Yuma

State

AZ

Zip Code

85364-6197

FEC ID number of contributing
federal political committee.

C

Name of Employer

Red Sea Heart Center, PLC

Occupation

INTERNAL MED.

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2013

Transaction ID : BB571EDBF1876B26C96

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

566.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin Fitzpatrick PA-C

Mailing Address 2400 N St NW

Heart House

City

Washington

State

DC

Zip Code

20037-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer

American College of Cardiology

Occupation

ADMINISTRATION

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

12 / 18 / 2013

Transaction ID : 4940BCCD5DB6BDEE56B1

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Ben P. Folk M.D., F.A.

Mailing Address 4240 Old Leland Rd

City

Leland

State

MS

Zip Code

38756-9585

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 20 / 2013

Transaction ID : 2651458D419EEB9492E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ned D. Freeman M.D., F.A.

Mailing Address 113 Coventry Rd

City

Greenville

State

SC

Zip Code

29615-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Upstate Cardiology, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

12 / 20 / 2013

Transaction ID : 8AB25D533D409AA1F9E

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1583.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lance B. Friedland M.D., F.A.

Mailing Address 1010 Chesson Ct

City

Alpharetta

State

GA

Zip Code

30022-7174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Group P.C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2013

Transaction ID : F23837AB844D4E747BD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael F. Gilson M.D., F.A.

Mailing Address 100 Prospect St

City

Providence

State

RI

Zip Code

02906-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 03 / 2013

Transaction ID : 42CABA0416098E742790

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Prospero B. Gogo Jr., M.D.,

Mailing Address 111 Colchester Ave
 McLure 1 Cardiology

City

Burlington

State

VT

Zip Code

05401-1473

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Vermont School of Medici

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

12 / 23 / 2013

Transaction ID : 4E97809FC81E718DC0A4

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

433.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karanvir S. Grewal M.D., F.A.

Mailing Address 3705 Olentangy River Rd
Ste 100

City State Zip Code
Columbus OH 43214-3467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Ohio Cardiology

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : F2357332-68F0-400A-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas Guarnieri M.D., F.A.

Mailing Address 609 Meadowridge Rd

City State Zip Code
Towson MD 21204-3737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 3A1B4CAA4B35B8E0A65

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Robert A. Harrington M.D., F.A.

Mailing Address 2400 Pratt St
Room 0311 Terrace Level

City State Zip Code
Durham NC 27705-3976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke Clinical Research InstituteDuke U

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2013

Transaction ID : D5A41FCF-7E48-40E8-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 57
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter M. Hoagland M.D., F.A.Mailing Address 3131 Berger Ave
Ste 200

City	State	Zip Code
San Diego	CA	92123-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer

San Diego Cardiac Ctr. Medical Corporat

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2013

Transaction ID : 57BEA2A2-66F9-4C26-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Zachary I. Hodes M.D., Ph.D

Mailing Address 5930 Stafford Way

City	State	Zip Code
Indianapolis	IN	46228-1421

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Care Group, a Member of SVMG

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : D7705865BE9F93A4C4E

Amount of Each Receipt this Period

288.00

Full Name (Last, First, Middle Initial)

c. David R. Holmes Jr., M.D.,

Mailing Address 1122 21st St NE

City	State	Zip Code
Rochester	MN	55906-4059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	25	/	2013

Transaction ID : 4188A0ADE61DAD930A61

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

1371.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 57
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robin A. Horn M.D., F.A.Mailing Address 3521 Silverside Rd
Ste 1C

City	State	Zip Code
Wilmington	DE	19810-4900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : D24FADDB101C8EF6694

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Daniel J. Humiston M.D., F.A.

Mailing Address 1928 Maple Hollow Way

City	State	Zip Code
Bountiful	UT	84010-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah Cardiology, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2013

Transaction ID : 4525A3BF30BBF6E96F16

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Pamela A. Ivey M.D., F.A.

Mailing Address 52 Quail Run Rd

City	State	Zip Code
Henderson	NV	89014-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Consultants of Nevada

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	25	/	2013

Transaction ID : 49C08E44AD4C7FF04E72

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

791.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 57
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. John M. Johnstone M.D., F.A.

Mailing Address 819 W Main St

City

Richmond

State

KY

Zip Code

40475-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 24 / 2013

Transaction ID : 4A8FBE1B396466D296EF

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. John Joseph Kelly III, M.D.,

Mailing Address 1 Centurian Dr
Ste 200

City

Newark

State

DE

Zip Code

19713-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer

ABBY Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2013

Transaction ID : BB4D0DB06CA625210B2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jerry D. Kennett M.D., M.A.

Mailing Address 4614 Copperstone Ct

City

Columbia

State

MO

Zip Code

65203-1696

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Cardiovascular Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

12 / 25 / 2013

Transaction ID : 45449BE003A575BDCD8F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shahabuddin Khan M.D., F.A.

Mailing Address 7619 Victory Gallup St

City

Las Vegas

State

NV

Zip Code

89131-4125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nevada Heart & Vascular Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2013

Transaction ID : 4292B42F16C4071D2620

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Shamim Khan M.D., F.A.

Mailing Address 7 Clemens Ct

City

East Setauket

State

NY

Zip Code

11733-1759

FEC ID number of contributing
federal political committee.

C

Name of Employer

Island Cardiovascular

Occupation

INTERNAL MED.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 9B2A964B7F6ED90451A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. George P. Kinzfogel III, M.D.,

Mailing Address 33 Lettery Cir
99 Lincoln Street

City

Sudbury

State

MA

Zip Code

01776-7400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heart Center of MetroWest

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.81

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2013

Transaction ID : 4E978A527BB09847D0FE

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

360.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven E. Kornberg M.D., F.A.

Mailing Address 10 E New York Ave
 Ste 2

City State Zip Code
 Somers Point NJ 08244-2367

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Shore Heart Consultants, LLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 18 / 2013

Transaction ID : 4CEBA9F8E88066F5F612

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Smadar Kort M.D., F.A.

Mailing Address 65 Mimosa Dr

City State Zip Code
 Roslyn NY 11576-2215

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Stony Brook University Medical Center

Occupation

ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 25 / 2013

Transaction ID : 479F816C4294CAA95AD8

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Gilead I. Lancaster M.D., F.A.

Mailing Address 15 Mine Hill Rd

City State Zip Code
 Redding CT 06896-2701

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Bridgeport Hospital Dept of Echo

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 01 / 2013

Transaction ID : 4BE78D1BAF9BDB53027E

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gilbert A. Leidig Jr., M.D.,

Mailing Address 1 Centurian Dr
Ste 200

City State Zip Code
 Newark DE 19713-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Physicians, P.A. Abby Medica

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 26 2013

Transaction ID : 4C168A159EAB1209278C

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Thomas J. Lewandowski M.D., F.A.

Mailing Address 113 Limekiln Dr

City State Zip Code
 Neenah WI 54956-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Appleton Cardiology ThedaCare

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

M M / D D / Y Y Y Y Y
 12 25 2013

Transaction ID : 465697A252D3CC1D55B5

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

C. Sandra J. Lewis M.D., F.A.

Mailing Address 5342 SW Hewett Blvd

City State Zip Code
 Portland OR 97221-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer

NW Cardiovascular Institute

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.42

Date of Receipt

M M / D D / Y Y Y Y Y
 12 25 2013

Transaction ID : 41DA901A8E39323F8D1A

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

316.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 57
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Mack M.D., F.A.

Mailing Address 1100 Allied Dr
Ste 4418

City State Zip Code
Plano TX 75093-5348

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Heart Hospital Baylor Plano

Occupation

CARDIOTHORACIC SURGERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2013

Transaction ID : FCFF4EDB-1AE9-45CD-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sanjay Malhotra M.B.B.S.,

Mailing Address 1603 Liege Dr

City State Zip Code
Henderson NV 89012-7240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 5B0C765D6FF262241FA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Timothy Malins M.D., F.A.

Mailing Address 49 Fairhaven Rd

City State Zip Code
Rochester NY 14610-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rochester General Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 56019A618C933674A1A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey S. Matican M.D., F.A.

Mailing Address 257 Engle St

City

Tenaflly

State

NJ

Zip Code

07670-2138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : F0C96228B16B599A4BB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Marc A. Mugmon M.D., F.A.

Mailing Address 7193 Collingwood Ct

City

Elkridge

State

MD

Zip Code

21075-5548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chesapeake CardioVascular Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : 447790D11E8A1A582AEE

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Srinivas Murali M.B.B.S.,

Mailing Address 320 E North Ave
16th Floor South Tower

City

Pittsburgh

State

PA

Zip Code

15212-4756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allegheny General Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : 3C60C39E-4511-4E18-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

833.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Simone Musco M.D., F.A.

Mailing Address 1800 Selway Dr

City

Missoula

State

MT

Zip Code

59808-9314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Patrick Hospital

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 06 / 2013

Transaction ID : AFFAE032-4F20-4B1B-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jogi R. Nareddy M.B.B.S.,

Mailing Address 8934 Skymaster Dr

City

New Prt Rchy

State

FL

Zip Code

34654-5213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayonet Point/Hudson Cardiology Associ

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2013

Transaction ID : FD4AE316AE67722E3DE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kathleen A. Paveglio M.D., F.A.

Mailing Address 3230 Waring Ct

Ste 0

City

Oceanside

State

CA

Zip Code

92056-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 20 / 2013

Transaction ID : 191667E7976B3B938B0

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 57
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vaughn W. Payne M.D., F.A.

Mailing Address 145 Hager Ln

City

Staffordsville

State

KY

Zip Code

41256-9144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1749.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			25			2013			

Transaction ID : 4DDB84FD6A8229F4AA8A

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. William H. Pentz M.D., F.A.

Mailing Address 20 Rebel Rd

City

Radnor

State

PA

Zip Code

19087-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pennsylvania Cardiology Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2013			

Transaction ID : 49869E4CF5D461205E68

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

c. Neal S. Perlmutter M.D., F.A.

Mailing Address 1820 9th St W

City

Kirkland

State

WA

Zip Code

98033-4837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			25			2013			

Transaction ID : 4F149D3265A48DA7FA1D

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)..... ►

235.83

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 57

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. John W. Pickrell M.D., F.A.

Mailing Address 1909 Elkhorn Valley Dr

City

Casper

State

WY

Zip Code

82609-4620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wyoming CardioPulmonary

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1070.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

Transaction ID : 44E983460223C00C7994

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Athena Poppas M.D., F.A.Mailing Address 593 Eddy St
Rm 209

City

Providence

State

RI

Zip Code

02903-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rhode Island HospitalDivision of Cardi

Occupation

ECHOCARDIOGRAPHY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2013

Transaction ID : EA90464E-48E7-45E3-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James B. Powers M.D., F.A.

Mailing Address 11 Bowdoin Dr

City

Falmouth

State

ME

Zip Code

04105-2557

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine Cardiology Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2013

Transaction ID : 4E80885403A9EAF5BCEB

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

435.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Geetha Raghuveer M.B.B.S.,

Mailing Address 5354 Mission Woods Rd

City

Shawnee Mission

State

KS

Zip Code

66205-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Mercy Hospital

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2013

Transaction ID : 44C5A218BB8797E59F84

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Gopal C. Rao M.D., F.A.

Mailing Address 350 Country Club Dr
Ste A

City

Stockbridge

State

GA

Zip Code

30281-9084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : F54F70E9D42DF1E1A38

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Sanjeev Dhari Ravipudi M.D., F.A.

Mailing Address 2317 Deer Creek Ct

City

Columbia

State

MO

Zip Code

65201-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Cardiovascular Specialists

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : 26F2F6AF53E17B30BB4

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

1458.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. George P. Rodgers M.D., F.A.

Mailing Address 11673 Jollyville Rd
Ste 205-B

City State Zip Code
Austin TX 78759-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.30

Date of Receipt

12 / 23 / 2013

Transaction ID : 405584E91E4107F3659C

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Orlando Rodriguez M.D., F.A.

Mailing Address 735 Ave Ponce De Leon
Torre Medica Auxilio Mutuo

City State Zip Code
Hato Rey PR 00917-5026

FEC ID number of contributing
federal political committee.

C

Name of Employer

ORV Interventional Cardiology

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

12 / 25 / 2013

Transaction ID : 4ED59907A425D257ADB1

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. John S. Rumsfeld M.D., Ph.D

Mailing Address 130 S Cherry St

City State Zip Code
Denver CO 80246-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Denver VA Medical Center, University o

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

12 / 25 / 2013

Transaction ID : 4EF38D47F1FD5D1BCF33

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul D. Sarkaria M.D., F.A.

Mailing Address 3230 Waring Ct
Ste O

City State Zip Code
Oceanside CA 92056-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : B0EF544E5CD2F275CE7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven M. Schiff M.D., F.A.

Mailing Address 18111 Brookhurst St
Ste 5100

City State Zip Code
Fountain Valley CA 92708-6728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : C4F1D8674A8AB32E9C8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Thomas P. Schleeter M.D., F.A.

Mailing Address 14438 Stephanie St

City State Zip Code
Carmel IN 46033-8641

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Care Group LLC

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 0DDCF1053FD5BCB4246

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael K. Schroyer RN, A.A.C.

Mailing Address 9065 Pebblepointe Cir

City State Zip Code
Zionsville IN 46077-8992

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Vincent Heart Center of Indiana

Occupation
ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

921.40

Date of Receipt

M M / D D / Y Y Y Y Y
12 25 2013

Transaction ID : 421BAC305A62A0377F13

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Asif Serajian D.O., F.A.

Mailing Address 1000 W Adams St
Apt 603

City State Zip Code
Chicago IL 60607-2942

FEC ID number of contributing
federal political committee.

C

Name of Employer
nwhc

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : 08E4230A4F314EBD43D

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Timothy J. Shanahan D.O., F.A.

Mailing Address 8714 Spur Ln

City State Zip Code
Easton MD 21601-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chesapeake Cardiology

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y
12 14 2013

Transaction ID : 45239B7007C6D2347AE9

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

304.17

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 57
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. M. Eugene Sherman M.D., F.A.

Mailing Address 5110 S Hanover Way

City State Zip Code
 Englewood CO 80111-6239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Associates, PC

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 25 / 2013

Transaction ID : 4ED1BF33DB9EA5E2378F

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. John W. Shuck M.D., F.A.

Mailing Address 1100 Forrest Ave

City State Zip Code
 Dover DE 19904-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

12 / 25 / 2013

Transaction ID : 45928DD62C1CE93673A8

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

c. Lyle A. Siddoway M.D., F.A.

Mailing Address 25 Monument Rd
 Ste 200

City State Zip Code
 York PA 17403-5049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiac Diagnostic Associates

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 15 / 2013

Transaction ID : 7CAEBED4-8803-4275-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1958.34

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 57

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin H. Silver M.D., F.A.

Mailing Address 2455 Londonderry Dr

City

Akron

State

OH

Zip Code

44333-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Akron Cardiology Consultants Inc

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2013

Transaction ID : ABFE1DC4738B125882B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Samer Y. Siouffi M.D., F.A.

Mailing Address 14 Moreau Way

City

Plattsburgh

State

NY

Zip Code

12903-4015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Champlan Valley Physicians Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : 7005D60DE228A4E42D9

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

c. Chittur A. Sivaram M.B.B.S.,

Mailing Address 1616 Boomer Trl

City

Edmond

State

OK

Zip Code

73034-4956

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma Health Sciences

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : 1AC47AB82B39C26677A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

990.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 57
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Springer M.D., F.A.

Mailing Address 803 Towner Pl

City

Louisville

State

KY

Zip Code

40223-2568

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Cardiologists

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

12 / 25 / 2013

Transaction ID : 4EE8A3218CF4C8AC9AF2

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Michael E. Stillabower M.D., F.A.

Mailing Address 1211 Barley Mill Rd

City

Wilmington

State

DE

Zip Code

19807-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christiana Care Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 06 / 2013

Transaction ID : 19EE5F9D-E0CE-4206-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Michael E. Stillabower M.D., F.A.

Mailing Address 1211 Barley Mill Rd

City

Wilmington

State

DE

Zip Code

19807-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christiana Care Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 06 / 2013

Transaction ID : 77800A74-2A82-45AD-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1041.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 57
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael E. Stillabower M.D., F.A.

Mailing Address 1211 Barley Mill Rd

City

Wilmington

State

DE

Zip Code

19807-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christiana Care Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2013

Transaction ID : 9EA00E76-CE22-4D27-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John S. Strobel M.D., F.A.

Mailing Address 3407 E Olcott Blvd

City

Bloomington

State

IN

Zip Code

47401-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Internal Medicine Associates

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : 8604F6FBA05D483B434

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Donald N. Summers M.D., F.A.

Mailing Address 8 Pine Dr

City

Port Washington

State

NY

Zip Code

11050-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : 387C981CBB5529585A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Suma A. Thomas M.D., F.A.

Mailing Address 7620 Old Georgetown Rd
Apt 1214

City State Zip Code
Bethesda MD 20814-6182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

12 / 25 / 2013

Transaction ID : 478CA9B1F81C38608C7B

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Ernesto Umana M.D., F.A.

Mailing Address 1238 Skip Wells Ct

City State Zip Code
Tallahassee FL 32312-1064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

12 / 19 / 2013

Transaction ID : 976286EE-C44D-45A9-

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

C. Babak Alex Vakili M.D., F.A.

Mailing Address 3275 Tala Loop Circle

City State Zip Code
Longwood FL 32779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Heart Specialists

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2013

Transaction ID : 80C9D637467E752139C

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1058.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Egerton K. Van Den Berg Jr., M.D.,

Mailing Address 2320 N Orange Ave

City

Orlando

State

FL

Zip Code

32804-5506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2013

Transaction ID : 4712D40EF6FE9E076CC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Krishnaswami Vijayaraghavan M.B.B.S.

Mailing Address 2817 E Ludlow Dr

City

Phoenix

State

AZ

Zip Code

85032-5665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

12 / 25 / 2013

Transaction ID : 4B8EADB9F224ED43FDF8

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Juan Villafane M.D., F.A.

Mailing Address 1400 Willow Ave
1205

City

Louisville

State

KY

Zip Code

40204-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PEDIATRICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.42

Date of Receipt

12 / 25 / 2013

Transaction ID : 4034A983C0D2420BF0E6

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.68

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 57

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thad F. Waites M.D., F.A.

Mailing Address 1017 Richburg Rd

City

Hattiesburg

State

MS

Zip Code

39402-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2013			

Transaction ID : 4D77A700BBD71EC713A3

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. David J. Waldstein M.D., F.A.

Mailing Address 1350 Fairy Hill Rd

City

Rydal

State

PA

Zip Code

19046-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Philadelphia Cardiology Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2013			

Transaction ID : 6C45553D48E643E08EE

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Howard T. Walpole Jr., M.D.,

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37215-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			25			2013			

Transaction ID : 49E48C3A35F3C794BE58

Amount of Each Receipt this Period

416.67

SUBTOTAL of Receipts This Page (optional)..... ►

725.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary Norine Walsh M.D., F.A.

Mailing Address 428 W 83rd Pl

City

Indianapolis

State

IN

Zip Code

46260-4905

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Vincent Heart Center of Indiana

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 29 / 2013

Transaction ID : 4848877F40877C692740

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Carole A. Warnes M.D., F.A.

Mailing Address 1429 20th St SW

City

Rochester

State

MN

Zip Code

55902-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : D84D031645486802853

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. John Jason West M.D.

Mailing Address 3322 NW Panorama Dr

City

Bend

State

OR

Zip Code

97701-5461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bend Memorial Clinic

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.92

Date of Receipt

12 / 11 / 2013

Transaction ID : 4B0BA488F033B5DE1C71

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

1141.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven R. West M.D., F.A.

Mailing Address 3701 S Poplar Dr

City

Columbus

State

IN

Zip Code

47201-4972

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2013

Transaction ID : 4C94B23A1EA5EE383269

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Michael C. Widmer M.D., F.A.

Mailing Address 2753 NE Red Oak Dr

City

Bend

State

OR

Zip Code

97701-8348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heart Center Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2013

Transaction ID : 4DA5B6698FAB00B9F543

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Sonny J. H. Wong M.D., F.A.

Mailing Address 885 Mokulua Dr

City

Kailua

State

HI

Zip Code

96734-3107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Windward Heart Center LLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : FE070B2076C8E90F285

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 57
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lambert A. Wu M.D., F.A.

Mailing Address 1524 NW Grove Ave

City

Topeka

State

KS

Zip Code

66606-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cotton O'Neil Heart Center

Occupation

ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2013

Transaction ID : 4E958965C0A114D09DF9

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Billy K. Yeh M.D., Ph.D

Mailing Address 13145 Old Cutler Rd

City

Miami

State

FL

Zip Code

33156-7215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2013

Transaction ID : 16AD3295B5DAC4A47EA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Loran Yehudai M.D., F.A.

Mailing Address 700 NE 87th Ave

Ste 210

City

Vancouver

State

WA

Zip Code

98664-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Vancouver Clinic

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2013

Transaction ID : 3A4A5339-5CEB-4CE3-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1583.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas R. Young M.D., F.A.

Mailing Address 5759 Menorca Dr

City

San Diego

State

CA

Zip Code

92124-1105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : F06465B682DA1E94831

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

240.00

TOTAL This Period (last page this line number only)..... ►

36844.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 57

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City State Zip Code
 Richmond VA 23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17316.55

Date of Receipt

M M / D D / Y Y Y Y Y
 12 12 2013

Transaction ID : DF42720EE27BC79EDE2

Amount of Each Receipt this Period

800.13

Reimbursement for November Amex Fees and
December Merchant Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.13

800.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
December 2013 Amex Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : V6B69A2F03D1C17753D6

Amount of Each Disbursement this Period

171.00

Full Name (Last, First, Middle Initial)

B. Wells Fargo, N.A.Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City	State	Zip Code
Knoxville	TN	37920

Purpose of Disbursement
December 2013 Merchant Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : MFE395DAB57D9B3B129D

Amount of Each Disbursement this Period

606.85

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

777.85

777.85

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. BADGERPAC

Mailing Address PO Box 70980

City	State	Zip Code
Washington	DC	20024

Purpose of Disbursement
2013 Contribution

011

Candidate Name

BADGERPACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : 5A5C22F250692C6D66D

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Benishek for Congress, Inc.

Mailing Address PO Box 108

City	State	Zip Code
Gladstone	MI	49837-0108

Purpose of Disbursement
2014 Primary

011

Candidate Name

Daniel J. BenishekCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : 5E1099EA9D794DBB4A7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Bill Flores for Congress

Mailing Address PO Box 6207

City	State	Zip Code
Bryan	TX	77805

Purpose of Disbursement
2014 Primary

011

Candidate Name

William H. FloresCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : F279A3DED1EBD28FDC4

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cantor for Congress

Mailing Address PO Box 17813

City	State	Zip Code
Richmond	VA	23226-7813

Purpose of Disbursement
2014 Primary

011

Candidate Name

Eric Ivan CantorCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2013

Transaction ID : 11B16017E7B574CF1A8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement
2014 Primary

011

Candidate Name

Henry A. WaxmanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2013

Transaction ID : B188637E909010B5D12

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Continuing a Majority Party Action Committee (CAMPAC)Mailing Address 5915 Eastman Avenue
Suite 100

City	State	Zip Code
Midland	MI	48640-6824

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Continuing a Majority Party Action Committee (CAMPAC)Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2013

Transaction ID : 0C0026E6AF8CF35BCAA

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst	State NY	Zip Code 11373
------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Joseph CrowleyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : 7A1F909065C131DF95F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Diane Black for Congress

Mailing Address PO Box 1437

City Gallatin	State TN	Zip Code 37066-1437
------------------	-------------	------------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Diane BlackCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : 733A5AE283832A4622D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Enzi for US Senate

Mailing Address PO Box 2775

City Cody	State WY	Zip Code 82414
--------------	-------------	-------------------

Purpose of Disbursement
2014 General

011

Candidate Name

Michael B. EnziCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : 47BC2763551A8756BE4

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Dan Maffei

Mailing Address PO Box 230

City Syracuse	State NY	Zip Code 13201
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Purpose of Disbursement
2014 Primary

011

Candidate Name

Daniel Benjamin MaffeiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : A0E8866E15EB86BEAC8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Joe Heck

Mailing Address PO Box 750114

City Las Vegas	State NV	Zip Code 89136
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Purpose of Disbursement
2014 Primary

011

Candidate Name

Joseph Heck Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : 0B7FBC4EEC760C DFA98

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines	State IA	Zip Code 50304
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Purpose of Disbursement
2016 Primary

011

Candidate Name

Charles E. GrassleyCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : 84B4ED8E41EB8A8C272

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Healthcare Freedom Fund

Mailing Address PO Box 2485

City
SpringfieldState
VAZip Code
22152Purpose of Disbursement
2013 Contribution

011

Candidate Name

Healthcare Freedom FundCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : 073F099580A2E21A796

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HEARTDOCPAC

Mailing Address PO Box 628

City
EvansvilleState
INZip Code
47704-0628Purpose of Disbursement
2013 Contribution

011

Candidate Name

HEARTDOCPACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : 2F6EF37859028FE6256

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Huffman for Congress 2014

Mailing Address PO Box 151563

City
San RafaelState
CAZip Code
94915Purpose of Disbursement
2014 Primary

011

Candidate Name

Jared William HuffmanCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : 3239FF05219A329EA90

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larson for Congress

Mailing Address PO Box 261172

City Hartford	State CT	Zip Code 06126-1172
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Purpose of Disbursement
2014 Convention

011

Candidate Name

John B. LarsonCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 01

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼
Convention

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : 0E69F8BF0F898B45DC5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn for Congress, Inc.

Mailing Address PO Box 3750

City Brentwood	State TN	Zip Code 37024-3750
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Purpose of Disbursement
2014 Primary

011

Candidate Name

Marsha BlackburnCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 07

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : 0B002CFE24DB126C9D1

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Matsui for Congress

Mailing Address PO Box 1738

City Sacramento	State CA	Zip Code 95812
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Purpose of Disbursement
2014 Primary

011

Candidate Name

Doris O. MatsuiCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 06

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : 53EBB86F74EF5E7D336

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

9000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Cardiology Political Action Committee

5000.00

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Trust PAC Team Republicans for Utilizing Sensible TacticsMailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2013 Contribution

Candidate Name

Trust PAC Team Republicans for Utilizing Sensible TacticsOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2013

Transaction ID : F3559D9A0AF38D3AF3F

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Tuesday Group Political Action Committee

Mailing Address PO Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement
2013 Contribution

Candidate Name

Tuesday Group Political Action CommitteeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2013

Transaction ID : 37AAB78E3F9FFD5C2D8

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
2016 Primary

Candidate Name

Ron WydenOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2013

Transaction ID : BF0EDE974A403E8D648

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Yoder for Congress, Inc

Mailing Address PO Box 26742

City	State	Zip Code
Overland Park	KS	66225

Purpose of Disbursement
2014 Primary

011

Candidate Name

Kevin W. Yoder

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2013

Transaction ID : 9045EE7093482E5C7C3

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

78000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael E. Stillabower M.D., F.A.

Mailing Address 1211 Barley Mill Rd

City
WilmingtonState
DEZip Code
19807-2225Purpose of Disbursement
Refund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2013

Transaction ID : C4EA4414DDA027A3536

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael E. Stillabower M.D., F.A.

Mailing Address 1211 Barley Mill Rd

City
WilmingtonState
DEZip Code
19807-2225Purpose of Disbursement
Refund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2013

Transaction ID : CD0ABBFDFC35ABDB900

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

1000.00
